

# Candy Apple Custom II, Inc

846 Joe Frank Harris Pkwy SE

Cartersville, GA 30120

770-606-1800

## Customer Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work#: \_\_\_\_\_

Vehicle: \_\_\_\_\_

Year

Make

Model

Insurance Information: \_\_\_\_\_

Claim#: \_\_\_\_\_ Date of Accident: \_\_\_\_\_ Insured \_\_\_\_\_ Claimant \_\_\_\_\_

AUTHORIZED AND ACCEPTED: Candy Apple Custom Collision is hereby authorized to make the specified repairs to my vehicle. I understand that payments in full will be due upon release of the vehicle, including additional supplemental damage charges, and hereby grant Candy Apple Custom Collision and their employee's permission to operate the car, truck, or vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. It is acknowledged that your storage fee is \$40.00 per day when applicable. Old parts removed from the vehicle will be discarded unless otherwise instructed prior to the start of repairs. I authorize pre and post scan data on the above vehicle to third parties.

Candy Apple Custom Collision will not be responsible for loss or damage to vehicle or articles left in vehicles, in case of fire, theft, accident, or any other cause beyond our control. Not responsible for window tint. Warranty work will not be honored without the original written warranty given at the time of pick up.

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ALL DEDUCTIBLES, CUSTOMER PAID REPAIRS, BETTERMENT, AND INSURANCE MUST BE PAID AT TIME OF PICK-UP.

We accept the following means of payment:

1. Insurance Check
2. Visa, Mastercard, Discover, and American Express
3. Cash

X \_\_\_\_\_ \* **NO PERSONAL or BUSINESS CHECKS ACCEPTED**

X \_\_\_\_\_ **\*3% Fee on all Credit Card charges over \$1000.00**

POWER OF ATTORNEY: I do hereby appoint the aforementioned business as my attorney in fact to accept on my behalf any and all checks, drafts, or bills of exchanged for deposit to the aforementioned business account for repairs on my vehicles.

All Insurance companies are herby authorized to pay direct the cost directly to Candy Apple Custom II, Inc whose receipt shall satisfy the claim.

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR CHOOSING OUR SHOP  
WE APPRECIATE YOUR BUSINESS  
Fax completed forms to 770-606-8393**